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ABSTRACT

Clients who contact mental health centers but fail to follow through for treatment present a significant problem for therapists. Being able to predict which clients will not follow through with an initial therapy session could be very beneficial. At intake, subjects (N=27) who had requested service from a mental health center provided demographic data and completed the Symptom Check List (SCL90R) and a single question regarding expectation of success in therapy. The intake therapist rated subjects using the MACC Behavioral Adjustment Scale. Seven subjects did not return to begin therapy. From the SCL90R, the scales of Hostility, Paranoia, and Additional items approached significance as predictors of appearance for therapy. Demographic factors of marital status, religion, and prior contact with a mental health facility, as well as expectation were found to be significantly associated with appearance for therapy. (NRB)

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Predicting Discontinuation in Psychotherapy via Psychometric and Demographic Variables

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The problem of a client making contact with a mental health center and then not following through for treatment is a significant one. It seems that often times therapists, clerical staff, bookkeeping, and other staff expend time in doing intake interviews that could be better used in other endeavors. It would seem that being able to identify a specific client who is not likely to show following an intake interview would be of much benefit to therapists in community mental health centers.

Baekelund and Lundwall (1975) have reviewed factors associated with a client's continuance or non-continuance in outpatient psychotherapy. They have identified several factors as being related to dropping out of therapy, a first being age. Three studies are cited in this article in which age is related to dropping out of therapy. In a first [Gottschalk et al.(1977)], the younger client was found more likely to drop out of therapy than an older client was. Katz and Solomon(1958) found that in hospital referrals, the older patient was more likely to drop from therapy. Brown and Kosterlitz(1964) have been more specific in their delineation of the age group/discontinuance relationship, and have specified that clients younger than thirty or over thirty-nine are more likely to drop from therapy. It seems that the relationship between age and continuance in therapy is far from clear at this time.

The same article reports that four studies have found that females are more likely to drop from therapy than males. Baekelund and Lundwall also indicate that sixteen studies have found a relationship between socioeconomic status and dropping from therapy. In all of these studies, the lower socioeconomic status client is more likely to discontinue than someone higher in socioeconomic status. Another variable found associated with dropping from therapy is affiliation. Baekelund and Lundwall report two studies indicating that the unaffiliated patient is more likely to drop from therapy than one who is affiliated. By affiliated is meant clubs, organizations, teams, etc.

Baekelund and Lundwall report four different clinical factors found related to dropping out of therapy. A first of these is anxiety or depression. The relationship between anxiety or depression and continuance of therapy is reported as being curviliniar, in that either low or high levels of depression or anxiety are related to a low probability of continuance. A moderate level of depression or anxiety favorably predicts continuance in therapy. Baekelund and Lundwall further report that paranoid symptoms, sociopathic features, or alcoholism all are negative predictors of continuance in therapy.

The present study sought to delineate the relationship between many of the above mentioned demographic variables associated with clients and their continuance in therapy. It sought to further clarify the issue by including the Symptom Check List (filled out

by the client), the MACC Behavioral Adjustment Scale (completed by the therapist), and a single question regarding expectation of success in therapy.

METHOD

Subjects

Twenty-seven subjects were included in the present study, sixteen females and eleven males. These clients who appeared at Rutland Mental Health Center between January and July of 1979 requesting service. Seven of these subjects subsequently did not show up to begin therapy, and the remaining twenty did begin outpatient psychotherapy, for a percentage of discontinuance of 26%. All subjects were 18 years of age or older, and the mean age of the subjects was 32.2 years.

Procedure

At intake, each subject was rated on three measures. The first was the SCL90R, which the subject himself or herself completed. The second was the MACC, upon which the subject was rated by the therapist. The third instrument was the single question about expectation, which the client also completed. These measures were obtained, and it was then determined whether or not the client appeared for a initial therapy session. This appearance or non-appearance was used as a dependent variable.

Measures

The SCL90R was completed by each client. This is a 90 item rating scale, upon which the client indicates how much he or she is bothered by certain events. The client assigns a value from zero to four to each event, incicating the amount of subjectively perceived distress he or she experiences. The SCL90R produces 10 subscales; somatization, anxiety, depression, obsessive-compulsive, phobia, interpersonal sensivity, psychoticism, paranoia, hostility, and additional.

The MACC is a 16 item scale which is completed by the therapist about the client. On it, each client is rated on a scale from one to five in four different dimensions; mood, cooperation, communication, and social contact.

Finally, a one question expectation measure was applied. This simply consisted of a sheet of paper upon which was typed the question: "How successful do you feel therapy will be for you?" Under this was typed the following anchor points: "1 (totally unsuccessful), 2 (moderately unsuccessful), 3 (neutral), 4 (moderately successful), 5 (completely successful)."

Also obtained from each subject were the usual demographic variables which are part of a community mental health center's data base.

RESULTS

The results of the present study I are described in Table 1. As can be seen, several significant correlations were obtained between various demographic and scale variables and showing or not showing for therapy. It was found that Catholics were more likely to show for therapy than were Protestants, and that a married person is more likely to show than one who is unmarried. Prior contact with any mental health agency was found to be significantly correlated with showing for therapy, in that if a person had prior contact with a mental health facility he was more likely to show for treatment.

From the SCL90R, the the scales of Hostility, Paranoia, and Additional items were found to approach significance in differentiating between a person who shows and a person who does not show. In each case here, the more hostility or more paranoia or more additional items answered positively, the less the likelihood of showing for therapy.

Finally, it was found that expectation was significantly correlated with showing for therapy. As would be expected, a positive expectation was associated with a client showing for therapy, and a negative expectation with failure to begin treatment.

CONCLUSION

It appears that the client who is Protestant, unmarried, has had no prior psychiatric contact, and who has a negative expectation is at risk for dropping out before therapy begins. It would seem

that asking a client as to his or her expectations is a possible way of ascertaining the optimistic or pessimistic set which may already exist. Furthermore, if the intake worker does encounter the above mentioned profile, it seems that it would be justified in discussing with the person his or her actual expectations and intentions around beginning in therapy.

It is tempting to speculate that the items from the SCL90R, Hostility, Paranoia, and Additional, might prove useful as predictors of noncontinuance in therapy. It seems logical that if a client is hostile, or paranoid, or has problems in the realm of eating and sleeping (which are measured by the additional scale), that he or she would be unlikely to begin therapy. It is felt that possibly the low number of subjects mitigated against these results obtaining statistical significance, and that were these scales given to a larger sample they might prove significant predictors of continuance or noncontinuance in therapy.

Factor	Correlation, significance
Religion	r = -.46, p = .03
Marital status	r = .30, p = .06
Prior contact	r = -.36, p = .04
Hostility	r = .30, p = .09
Paranoia	r = .30, p - .08
Additional	r = .32, p = .08
Expectation	r = -.42, p = .04

Table 1: Factors associated with a client's not showing for an initial therapy session.

REFERENCES

Baekeland, R., and Lundwall, G., Dropping out of treatment" a critical review. Psychological Bulletin, 1975, 82(5), 738-783.